



Individual Membership Application Jan. 1 – Dec. 31, 2019

National Hispanic Medical Association

| | | |
|--|-----------------------|-----------|
| First Name: | Last Name: | |
| Suffix: (MD, PhD, etc): | Title: | |
| Organization: | Address: | |
| City: | State: | Zip Code: |
| Phone: | Fax: | |
| Email Address: | Social Media Handles: | |
| Med School: | Residency: | |
| Graduation Year MD: Year Residency Completed: | Specialty: | |

Premier Membership Check all that apply:

| | | | | |
|--|---------------------------------------|--|--------------------------------------|--------------------------------------|
| <u>NHMA Leadership Council</u> | <u>Physician</u> | <u>Young Physician/Associate (non-Physician)</u> | <u>Resident/Fellow/IMG</u> | <u>Health Professional Student</u> |
| <input type="checkbox"/> > 40 years \$1000 | <input type="checkbox"/> 1-year \$200 | <input type="checkbox"/> 1-year \$150 | <input type="checkbox"/> 1-year \$50 | <input type="checkbox"/> 1-year \$20 |
| <input type="checkbox"/> < 40 years \$500 | <input type="checkbox"/> 2-year \$360 | <input type="checkbox"/> 2-year \$270 | | |
| | <input type="checkbox"/> 3-year \$510 | <input type="checkbox"/> 3-year \$380 | | |

Interest in Board Committees/NHMA Programs:

- | | |
|---|---|
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> City Steering Committee |
| <input type="checkbox"/> Communications Committee | <input type="checkbox"/> NHMA College Health Scholars Program |
| <input type="checkbox"/> Development Committee | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> Program/Conference Committee | <input type="checkbox"/> NHMA Liaisons Program |

Basic Membership (Includes access to newsletter and website only) Check one:

- | | |
|--|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Young Physician (less than 5 years out of resident/fellowship training) |
| <input type="checkbox"/> Council of Medical Society Member | <input type="checkbox"/> Resident/Fellow/IMG |
| <input type="checkbox"/> Associate (non-physician) | <input type="checkbox"/> Health Professional Student |

For Membership payment, click bit.ly/1Ub3KrN or see below

Help us build Hispanic health leadership! Contribute to the National Hispanic Health Foundation Contributions to NHHF are tax deductible. For Credit Card or Online Payment, click bit.ly/1K12ym2 or see below:

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> Other _____ |

| | | |
|--|-----------------------|-------|
| Credit Card: (Visa, Master Card, Amex) | Card Number: | CV #: |
| Exp. Date: | Authorized Signature: | |

Mail checks to: NHMA Membership - 1920 L St. NW #725 - Washington, DC 20036
Phone: 202-628-5895 Email: membership2@nhmamd.org Website: www.nhmamd.org